PTO/SB/05 (01-04)

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U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number 100-2134 Attorney Docket No. UTILITY PATENT APPLICATION Wilson, et al. First Inventor TRANSMITTAL LEVERAGING INSTANT..... Title ER737980132US (Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. Mail Stop Patent Application APPLICATION ELEMENTS **Commissioner for Patents** ADDRESS TO: P.O. Box 1450 See MPEP chapter 600 concerning utility patent application contents. Alexandria VA 22313-1450 Fee Transmittal Form (e.g., PTO/SB/17) 7. CD-ROM or CD-R in duplicate, large table or 1. 🔽 (Submit an original and a duplicate for fee processing) Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission Applicant claims small entity status. See 37 CFR 1.27. (if applicable, all necessary) 3. 🔽 [Total Pages_ Specification 20 Computer Readable Form (CRF) (preferred arrangement set forth below) - Descriptive title of the invention Specification Sequence Listing on: b. - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D CD-ROM or CD-R (2 copies); or - Reference to sequence listing, a table, or a computer program listing appendix

- Background of the Invention Paper - Brief Summary of the invention c. Statements verifying identity of above copies Brief Description of the Drawings (if filed) - Detailed Description **ACCOMPANYING APPLICATION PARTS** - Claim(s) - Abstract of the Disclosure 9. 🗹 Assignment Papers (cover sheet & document(s)) 4. Drawing(s) (35 U.S.C. 113) [Total Sheets] Power of 10. 37 CFR 3.73(b) Statement (when there is an assignee) Attorney 5. Oath or Declaration [Total Sheets 11. L English Translation Document (if applicable) a. Newly executed (original or copy) Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations Copy from a prior application (37 CFR 1.63(d)) 13 Preliminary Amendment (for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) 14. (Should be specifically itemized) **DELETION OF INVENTOR(S)** Certified Copy of Priority Document(s) Signed statement attached deleting inventor(s) (if foreign priority is claimed) name in the prior application, see 37 CFR 16. Nonpublication Request under 35 U.S.C. 122 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 6. V Application Data Sheet. See 37 CFR 1.76 Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Divisional Continuation-in-part (CIP) Continuation of prior application No.: Prior application information: Prior application information: Examiner ______ Art Unit: ______ For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number: 34904 OR Correspondence address below Name Address City State Zip Code

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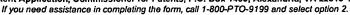
Telephone

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Country

Signature

Name (Print/Type) Sivon Kalminov





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<u> </u>		Complete if Known											
US.	┗▐	Application Number											
		Filing Date				April 2, 2004							
for FY 2004 Effective 10/01/2003. Patent fees are subject to annual revision.						First Named Inventor			ntor	Wilson, et al.			
Effective	Examiner Name												
Applicant claims small entity status. See 37 CFR 1.27						Art Unit							
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						1,330	2501				(or reissue)		
Ext <u>ra Claims below</u> Fee Paid						480	2502	240	Desi	gn issue fe	ee		
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SUBMITTED BY			Designation No.					(Complete (if applicable))					
Name (Print/Type)		Sivon Kalminov				Registration No. (Attorney/Agent) 40,042					Telephone 949-932-3329		
Signature		X.	9)0.								Date 4/02/04		

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on April 02, 2004

(Date)

Sivon Kalminov

(Typed or printed name of person mailing correspondence)

Signature:

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